

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$5,760.00 for dates of service 01/07/02 through 01/14/02.
- b. The request was received on 03/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response noted in the case file.
3. According to the Commission's Dispute Resolution Information System Case Activity Log(DRIS), Seq#2-"Acknowledgment letter (MR-100) requested and produced. MR-100 letter printed 06/06/02; mailed 06/07/02." Seq#3-"MDRO received case file on 06/10/02." Seq#4-Sent 14 day letter on 06/14/02." Seq#9-"14 day letter faxed to HCP on 06/14/02; additional information has not been submitted in duplicate to TWCC by 06/29/02; therefore, forwarding file to Waco for review." The carrier did not respond to the initial dispute. There was no additional documentation received from the provider or carrier. The DRIS Case Activity Log referenced above, will be reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the case file.
2. Respondent: No position statement noted in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 01/07/02 and extending through 01/14/02.
2. The explanation of denial listed on the EOB is, "DOP-M-REIMBURSED PER THE INSURANCE CARRIER/S FAIR AND REASONABLE ALLOWANCE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/07/02	97799-CP	\$1,600.00	\$640.00	M	DOP	TWCC Act & Rules	The provider billed in accordance with the referenced Rule. There is no medical documentation indicating that the services were rendered.
01/08/02	97799-CP	\$1,600.00	\$640.00	M		Sec. 413.011	
01/09/02	97799-CP	\$1,600.00	\$640.00	M		(d), Rules	
01/10/02	97799-CP	\$1,600.00	\$640.00	M		133.304 (i) & 133.307	No evidence of a methodology was submitted by the carrier as required by Rule 133.304(i).
01/11/02	97799-CP	\$1,600.00	\$640.00	M		(g)(3)(D)	
01/14/02	97799-CP	\$1,600.00	\$640.00	M		MFG;MGR (II)(C)(G)	The provider billed an hourly rate of \$200.00 for the services rendered. The carrier reimbursed the provider an average of \$80.00 an hour. The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a response or a methodology. The provider has failed to submit any evidence of fair and reasonable or any medical documentation. Per Rule 133.307(g)(3)(D), the provider must submit "...documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title (relating to Definitions) and § 134.1 of this title (relating to Use of the Fee Guidelines);". Therefore, based on the lack of evidence submitted by the provider reimbursement is not recommended.
Totals		\$9,600.00	\$3,840.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 14th day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb